

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				10/520716	
1 Date of Request: _____		2 Serial/Patent # _____			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
	Filing			\$	
	Amendment			\$	
	Extension of Time			\$	
	Notice of Appeal/Appeal			\$	
	Petition			\$	
	Issue			\$	
	Cert of Correction/Terminal Disc.			\$	
	Maintenance			\$	
	Assignment			\$	
	Other			\$	
		7 TOTAL AMOUNT OF REFUND		\$	
		8 TO BE REFUNDED BY:			
10 REASON:		<div style="border: 1px solid black; padding: 5px;"> Treasury Check Credit Deposit A/C #: <div style="display: flex; align-items: center;"> 9 <div style="border: 1px solid black; padding: 2px 10px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"></div> <div style="width: 20%; text-align: center;">--</div> <div style="width: 40%;"></div> </div> </div> </div> </div>			
	Overpayment				
	Duplicate Payment				
	No Fee Due (Explanation):				
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: _____		TITLE: _____			
SIGNATURE: _____		<div style="font-size: 0.8em;"> PHONE: _____ Adjustment Date: 06/09/2005 PKIDWELL 01/14/2005 SHAJAKRU 000000053 192179 10520716 02 FC:1632 500.00 CR </div>			
OFFICE: _____					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****					
APPROVED: _____		DATE: _____			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**